

Merchant Outlet Setup Form

SunTrust Merchant Services / State of NC

INSTRUCTIONS

1. This Merchant Outlet Setup Form pertains to participants in the Merchant Card Master Services Agreement offered by the Office of the State Controller (OSC) and SunTrust Merchant Services (STMS). A separate Outlet Setup Form is to be completed for each merchant number (outlet) desired to be established by a particular participant. The forms together provide information necessary for OSC staff, DST staff, and STMS staff to establish the appropriate setups on various systems (Merchant numbers, ClientLine, Capture Method, Settlement bank account, Depository Bank Online access, billing information, statement rendering, etc).
2. Before completing this Outlet Setup form, ensure you have executed and have on file with OSC an:
 - Agency Participation Agreement
 - Merchant Card Participant Setup Form(Only one of each is required, regardless of the number of merchant numbers (outlets) assigned).
3. Save this document as "X Outlet Set-up Form.DOC" where "X" is the participant + outlet name.
4. The "Chain Number" is the single identifying number that was provided, or will be provided, to the Participant's chief fiscal officer as the result of completing the "Merchant Card Participant Setup Form." All outlet merchant numbers for the agency will roll-up to this Chain merchant number.
5. An "outlet" is a line of business or a revenue-generating operation of an agency and may be equated with a separate line of business, division, branch office, etc.
6. The 24-character "Merchant Name" to the outlet, also referred to as the "Doing Business As" (DBA) name will be used to set-up the outlet in ClientLine. The DBA name will also be the name that appears on a cardholder's statement to identify the merchant with which a transaction was charged.
7. After submission of this Outlet Setup Form, SunTrust Merchant Services will provide the following information to OSC, which will then communicate it to the participant:
 - Outlet Merchant Number. Generally available within 3-5 business days after submission of set-up form to STMS.
 - Outlet Merchant-ID and Terminal-ID. Generally available within 2-3 business days after generation of the Outlet Merchant Number.
8. Additional forms may need to be completed in conjunction with this Outlet Setup form, if applicable (One form may be completed for multiple outlets):
 - ClientLine Enrollment Form
 - Paypoint Gateway Service boarding forms
 - Wells Fargo CEO User ID Change Form (For State agency participants depositing w/ State Treasurer)
 - American Express Agency Participation Agreement (APA)
9. For assistance, contact OSC's Support Services Center, telephone (919) 707-0795.

Participant's Chain Information

Participant Name: _____
(Should be the same as on the Merchant Participant Setup Form)

Tax ID: _____ Existing Chain Number: _____
(If a new participant and there is no existing chain merchant number, one will be assigned by STMS.)

Outlet Profile Information

Outlet Name: _____ (Limited to 24 characters)
Line of business, division, branch office, etc. This is also referred to as the "Doing Business As" (DBA) name, and will appear on the cardholder's account statement to identify the merchant that performed the transaction.

Tax ID (if different from chain tax id): _____

Description of transactions: _____ (Taxes, fees, tuition, etc)

Estimate of annual volumes: Number of transactions: _____ Dollar Volume: _____

Anticipated Average Ticket Transaction Size: _____

Cards to be accepted: ☐ Visa; ☐ MasterCard; ☐ American Express; ☐ Discover; ☐ Debit
Note: Acceptance of Amex requires execution of separate APA – See SECP webpage for form

Capture Method

Select and complete the ones that apply:

- ☐ Point of Sale Terminal(s) – Stand-alone terminal(s) using **analog telephone line**
- ☐ Point of Sale Terminal(s) – Stand-alone terminal(s) **connected to the internet**
- ☐ Point of Sale Terminal -- Wireless
- ☐ Point of Sale Terminal(s) with POS Software; Name of Software: _____
Version Number: _____
- ☐ Clover with Cash Drawer
- ☐ Clover without Cash Drawer
- ☐ Clover Mini
- ☐ Clover Mini with Keypad
- ☐ Mobile Pay
- ☐ Paypoint Gateway Service:
- ☐ Hosted Recurring Payments
- ☐ Payeezy Gateway using: ☐ Hosted Checkout ☐ Real Time Payments Manager ☐ API
- ☐ Internet capture: URL (website): _____
- ☐ Third-Party Gateway Service. Desired Platform (if known):
☐ Bypass ☐ Bypass Rapid Connect ☐ Cardnet ☐ Compass
☐ Nashville ☐ Nashville Rapid Connect ☐ North
☐ Other _____
- ☐ Interactive Voice Response (IVR); Name of Third-party or System: _____
- ☐ Other: _____ URL (website): _____

* All capture methods involving outward facing IP addresses may require scanning through Coalfire's Navis Portal for PCI Data Security Standard compliance purposes.

* STMS assigns one or two other identifiers that are associated with an outlet (merchant) number. These two identifiers are both 7 characters in length (alpha/numeric), and are assigned according to the "platform" the transactions are processed on at STMS: Merchant ID (MID) and Terminal ID (TID).

Outlet Contact

Contact Name: _____

Title: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Customer Service Information

Name: _____

Phone: _____

Email: _____

URL: _____

Billing Information – For STMS monthly invoices**Select Billing Option and Delivery Method:**

- ☐ Central Billing – Send invoices to the address associated with the Participant's Chain Merchant #
or
☐ Decentralized Billing – Send invoices to the billing address below (if different)

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email: _____

Invoice Delivery Method:

- ☐ Email (Central Billing invoices emailed to Outlet Contact. Decentralized invoices emailed to address listed above.)
☐ Mail (Mailed to Central Billing address or to Decentralized address listed above.)

Shipping Information – Equipment only

Indicate the address to which terminals are to be shipped.

Participant Name: _____

Shipping Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email: _____

Equipment

Select one of the following: ☐ Terminal **NOT** a replacement; ☐ Replacing an existing terminal that is owned; ☐ Replacing an existing terminal being rented or leased (Will be requesting a 'Call Tag' to return)

Equipment Type (e.g., terminal, pinpad)	Purchase / Rent / Lease	Quantity	Name & Model	TID of Terminal Being Replaced

Additional Information for First Data regarding equipment:

Will the participant be utilizing First Data's Transarmor product with the point of sale equipment?

☐ Yes ☐ No

Other form(s) associated with this Outlet

Check the items that apply:

☐ ClientLine (online system) is needed for this Outlet at the **merchant number level**, and individuals requiring access are listed on the separate ClientLine enrollment form.

☐ ClientLine (online system) is needed for this Outlet at the **chain number level**. Users already having access at the Chain level will automatically be granted access to the new merchant number.

Any new users to be granted access at the chain number can be added by completing a ClientLine enrollment form, denoting the proper access level. One of each of the referenced forms may be completed for multiple outlets.

Settlement Bank Account Information

Select one of the following depository banks for settlement of funds:

☐ Wells Fargo Bank; ☐ SunTrust Bank; ☐ Other Bank (Name: _____
T/R# 121000248 T/R# 061000104 9-Digit T/R-Routing # _____

Select and complete the item(s) that apply:

☐ Will use existing account - Settlement Bank Acct #: _____

☐ Request the establishment of a **new** settlement bank account
(State Agency participant only)

Note: Participants depositing with DST require a Zero Balance Account (ZBA), which sweeps nightly to DST's bank account. Agency must then certify the funds on CMCS. Specify the CMCS Group ID# to be certified under: _____

Also, specify if either: ☐ a new CIT bank number is needed to be assigned by DST; or ☐ an existing CIT bank number will be utilized: _____

☐ Will arrange for the establishment of a **new** settlement bank account – *directly with participant's bank*
(Non-State agency participant only)

Note: Participants not depositing with DST may use a ZBA settlement account that sweeps nightly to their local DDA. The ZBA to be established will sweep to acct #: _____
Alternately, the funds may settle directly to the participant's existing local main DDA: _____

Required Signature – Authorized Procurement Officer – Equipment Only

Completion and submission of this form indicates that all applicable procurement requirements are being adhered to, and that funds are available to support the purchase / rental / lease.

Participant Name: _____

Procurement Officer: _____

Title: _____

Signature: _____

Date: _____

Name of Participant Official Submitting this Outlet Setup Form

The individual below asserts that he/she has the authority to request the establishment of a merchant number for the above referenced application.

Preparer's Name: _____

Title: _____

Telephone Number: _____

Email: _____

For OSC Use Only**For SunTrust Merchant Services Use Only**

STMS Use Only: The Merchant number assigned to this outlet by STMS is: _____

For Dept of State Treasurer Use Only: